

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat Number			Rep	ort Filed ark X)	2 (COLD 2001)	Candida	Water and the second	X	Uld be type	AND THE PUTTING IN COLUMN TO SERVE	Lobbyist
Name of Filing (Lobbyist	Committee, Ca	ndidate or	1.	DAMIENÉ A FEENEY							
Street Address			1	3901	57	ATE	SME	ET			
City			Ł	MIE		State	PA		Zip Code	16508-3	125
Type of Report (Place x under i	report type)	CHARLES	M-DELFOR NEOT	Transfer enter	ANTALAS NO.	SONOTA TURNAL	Electric and		And the second second second second	entreme Constitution
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday Election		nd Friday - Election	6-30 Da Election		7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election		/22/2	Year				Amenda	nent	X	Termination	
(MM/DD/YYYY)		11/07/2017			2	017	Report			Report	
Summary of Rec Expenditures	eipts and	From Date		To Date	9				For	Office Use Only	
A. Amount Brou	aba Farma di F	11/27/201			31/2	017					
			\$	- 3	98.	19					
B. Total Moneta (From Schedule I)	ns and Receipts	\$			DΟ					2
C. Total Funds Av (Sum of Lines A a			\$	~ .	360	19				707	2018.
D. Total Expendit	ures		\$ - 398.19		TERRIE CO						
(From Schedule I E. Ending Cash Ba	lance		\$ 00			TO PA					
(Subtract Line D f F. Value of In-Kin		s Received	- 398.79								
(From Schedule II)		頭					-			
G. Unpaid Debts (From Schedule I	and Obligation /)	is	\$,00					00			
Part 1. If this is a Co	mmittee sees	A			At	fidavit Sect	ion				
Part 1- If this is a Co I swear (or affirm) th	nat this report, in	ncluding the attack	re. If th ned sci	nis is a Can nedules on	didate paper	report, can , is to the b	didate sigr est of my k	nhere. nowledg	e and belief tru	e, correct and comple	te
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MAYSarder Efficing th	ATION OF NOTAR	my knowledge an	d belie	f this polit	ical co	mmittee ha	s not viola	ted any p	rovisions of th	e Act of June 3, 1937 (I	P.L. 1333, NO.320) as
Sworn to and subscri	Janus	his 20 18 Alex (N	Oh	1.				Signat	ure of Candida	te	-1
	nature	200	ĥ	.1				Pr	inted Name		-
My Commission expir		AY YR	1	20		Are	a Code		Daytim	e Telephone Number	-
MONWEALTH OF	PENNSYLVAN	IIA T	\	j(A							
NOTARIAL S	, Notary Publ	ic		,							

City of Erie, Erie County My Commission Expires Oct. 31, 2019 MEVBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	412
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	dak
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	ort	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identificatio	on Number	A. W. A. L. L. T. Cold Co.	A BEST TO THE REPORT OF THE PROPERTY OF THE PR	CLE STATE OF THE STATE OF THE PROPERTY OF THE PARTY.	COL. MODELS CONTRACTOR MISSION AS
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Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
				Stan	
House #	Street Address			Date [MM/DD/YYYY]	\$
				Eller and a second	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co				No.	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				360	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
TE III Name of Co					
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
				The state of the s	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY] \$	e
				Jac Junity De Principal St.	>
City		State	Zip Code	Date [MM/DD/YYYY] \$	64 64
,			TIP GG GG	Date [Min/DD/11/11]	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	A THE
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address				
	Street Address			Date [MM/DD/YYYY] \$	
City		State		The state of the s	
City		state	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	ntributing	A1274.01		Date [MM/DD/YYYY] \$	Vil
Committee .				Date (wild) Dolling	
House #	Street Address			Date [MM/DD/YYYY] \$	31
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	557	ARACK		187	<u> </u>

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

		The second second second				A STATE OF THE STA
No.					-	and for the second second second
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
				Department of the second	i dic	
City	William Commence	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contrib	utor		AND A SECOND STATE OF THE	Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	Section 1980 Annual Control	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	ator			Date [MM/DD/YYYY]	\$	
			Ø		200	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	PROVERSOR DELICATION OF THE PROPERTY OF THE PR	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	utor	NAMES OF THE PARTY	Make a set up by Consequence of the Consequence o	Date [MM/DD/YYYY]	\$	A CONTRACT TO STATE STATE STATE OF THE STATE
House #	Street Address			Date [MM/DD/YYYY]	\$	
				7		Å
Citý	ESTATE OF THE PARTY OF THE PART	State	Zip Code	Date [MM/DD/YYYY]	\$	
		19			1000	
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$	
				/		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	1822 Charles Charles	State	Zip Code	Date [MM/DD/YYYY]	\$	
		215.5				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$	
House #-	Street Address			Date [MM/DD/YYYY]	\$.	
City	Market State Commence of	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

	and 1000000000000000000000000000000000000		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ad	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ad	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		PARAMETER STORY	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	and the STA is come a solection or an execution in the state of the st	The properties and the second	Date [MM/DD/YYYY] \$
House # Street Ad	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		DESCRIPTION OF THE PROPERTY OF	Occupation
Employer Mailing Address / Principal Place of Business	i		
Full Name of Contributor		annick of Australia and Materia (1). Source and Albert of Region are at Australia (1) from	Date [MM/DD/YYYY] \$
House # Street Ad			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Policy and an application of the Control of the Con	Occupation
Employer Mailing Address / Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
Full Name	
House # Str	reet Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description "	
Full Name	
	eet Address
City	State Zip Date [MM/DD/YYYY] Ş
Receipt Description	
Full Name House:#3 Stre	
(Gity)	State Zip Date (MM/DD//YYYY) S
	State Zip Date (MM/DD/YYYY) S Code
Receipt Description	Dispersional Dispersion of the Control of the Contr
Full Name House # Stre	et Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	Gode
Full Name.	
House(#) Stree	et Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
ull Name	
	t-Address
lity	State Zip Date [MM/DD/YYYYY] \$
Receipt Description	Trad and control of the control of t

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer (gentification (Number);		No.	
E HNIHEMIZERINI/UNIX/CONTROLDINE	ONE DESCRIPTION OF THE PROPERTY OF THE PROPERT	in recon	
1 UNITEMIZEDIN KIND CONTRIBUT TOTAL for the reporting period	(1)	\$	DR UESSTRERIGONTRIBUTOR?
NEWNOVANEDIDIBLIANCIDE CONV.	November 200		
2. NEKIND GONERIBUTION SIREGEIVE TOTAL for the reporting period	(2)	100 (F	ROM PARTIE)
CONTROL OF THE PROPERTY OF THE		u este es	
3. INVKIND CONTRIBUTION RECEIVED	(3)	VIIPAR I Ś	I.(<u>6</u>)
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DE PERIOD (Add and enter amount totals from ton Page 1, Report Cover Page, Item F)	DURING THIS REPORTING poxes 1, 2, and 3; also enter	\$	*
on Page 1, Report Cover Page, Item F)	, , ,		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification Number)

	PARTIE STORE FOR STANDARD FOR STANDARD	Accessed to the control of the contr	
Full Name of Contributor	ONLYTTANTAUTTAL YORK AND DES	-butterings by the second and supplications with the	
i dir Vanie ol Coltt buttor			Date [MM/DD/YYYY] S
House# Street/Address			
House:# Street/Address			:Date [MM/DD/YYYY] \$
Citý	State	STONE STREET	
	atate	Zip Code	Date [MM/DD/AYYY] S
Description of Contribution		1	
Full Name of Contributor		no analysis and control succession of the same	
Full Name of Contributor			Date [MM/DD/YYYYY] 5
House# Street Address			
House:#			Date [MM/DD/YYYY] \$
Gity	Barrery 1	Participation and an artist of the second	
	State	Zip Gode	Date [MM/DD/XYYY)] \$
Description of Contribution			
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Full Name of Contributor			Date [MM/DD/YYYY) 5
House # Street Address			Date [MM/DD/YYYY] \$
GD	I Man Sub-commi		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			
individualie of contributor			Date [MM/DD/XYYY] \$
House# Street Address			
House # Street Address			Date [MM/DD/YYYY] \$
-Gity	State	312724235	
	state	Zip Code	Date [MM/DD/YYYY]] \$
Description of Contribution	FRANKLINGS		
Full Name of Contributor		Commence of the Commence of th	Date[MW//DD/YYYY]
			Date [MM/DD/Hmr] - \$1
House # Street/Address			Date [MM/DD/YYYY] \$
Ji, cct, Addiess			sogre:ใหม่เกษอนนานาโ
City	State	Zip Code	Date [MM//DD/YYYY] \$
			553510101156/Entering
Description of Contribution	RESERVED STORY		
	Citros esvecisiones ex i		entral de la company de la com

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number (i Cara en la compara a la material de ser primo de serveça en mojo de se en material en en partir de se en mojo
te de la companya de	
Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$.
Employer/Name.	=Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$:
House:#: Street Address	Date [MM/DD/YYYY] S
State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY]
HOUSE# Street Address	Date [MM/DD/YYYY] \$
State, Zip.Code	Date [MM/DD/YYYYV] - \$
Employer Name	Occupation
Employer Mailing: Address //Principal Place of Business	Description of Contribution
Full Name of Contributor	Date (MM/DD/YYYYY) \$
House # Street Address	Date [MM/DD/YYYY)] (\$
Zip.Code	Date [MM/DD/YYYYY] \$
TEmployer Name	
sEmployer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

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City State Zip Code	Control of the Contro
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House# Street Address	Description of Expenditure
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House# Street Address	Description of Expenditure
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To Whom Paid	Date [MM/DD/YYYY] S.
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City State Zip Code	
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To Whom Paid House # Street Address Gity State Zip Code To Whom Paid House # Street Address City State Zip Gode	Description of Expenditure Date [MM/DD/YYYY] Description of Expenditure

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
Name of Creditor.	Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED \$ 7\$. [MM/DD/YYYY]
City	State Zip Gode S
Description of Debt	Testing and the second and the secon
Name of Creditor House # Stre	Outstanding Balance of Debt et Address DATE: DEBT INCURRED
City	[MM/DD/YYYY]
Description of Debt	State Zip Code
Name of Creditor	Outstanding Balance of Debt
House# Stree	et Addréss DATE DEBT INCURRED (MM/DD/YYYY)
Gity	State Zip.
Description of Debt	Code
Name of Creditor House # Street	Outstanding Balance of Debt et Address DATE DEBT INCURRED 5
City	[MM/DD/YYYY]. State- Zip-
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House# Stree	et.Address DATE DEBT INCURRED S [MM/DD/YYYY]
Gitý	State Zip Code
Description of Debt	[secretarial letteratement] [passi]
Name of Greditor House # Street	Outstanding Balance of Debt DATE DEBT INCURRED: '\$'
(city)	[MM/bb/yyyy]
City Description of Debte	State Zip Code
	· ·